

# 2/Reg for Refund  
02-12-02

OFFICE OF PATENT & TRADEMARK  
REFUND REQUEST

2002 JAN 18 PM 3:07  
Attorney Docket: HOOV 117

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

US PATENT & TRADEMARK  
OFFICE

In re Application of )  
Michael D. HOOVEN )  
Serial no: 10/015,868 )  
Filed: December 12, 2001 )  
For: TRANSMURAL ABLATION )  
DEVICE WITH THIN )  
ELECTRODES )

"Express Mail" Mailing Label No. EL 845497865  
Date of Deposit January 11, 2002

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

Name Yue X Ruan  
(typed or printed)

To: Refund Requests  
Commissioner for Patents  
Box 16  
Washington, D.C. 20231

Signature Yue X Ruan

**REQUEST FOR REFUND**

Dear Sir:

The above-identified application was filed on December 12, 2001 with a large entity filing fee being paid. The Applicant for this application is a Small Entity, and thus the fee should be reduced by one half.

Accordingly, it is requested that this fee now be refunded. Please credit our Deposit Account no. 50/1039 for the amount of \$370.00 representing one half of the large entity fee.

**Refund Request**

This request for refund is made for a fee that was paid in this application on December 12, 2001 in the amount of \$ 370.00.

### Fees Paid for Which Refund Requested

	Amount of Refund <u>Requested</u>
<u>X</u> Filing Fee (small entity status)	<u>\$370.00</u>
___ Surcharge for filing the basic filing fee on a date later than the filing date of the application	___
and/or	
___ Surcharge for filing the oath or declaration on a date later than the filing date of the application	___
___ Extension of Time	___
___ Issue Fee	___
___ Patent Maintenance Fee	___
___ First Maintenance Fee	___
___ Second Maintenance Fee	___
___ Third Maintenance Fee	___
___ Patent Maintenance Fee Surcharge	___
___ Other	___
 TOTAL	 <u>\$370.00</u>

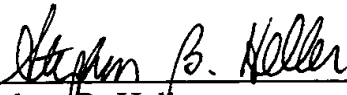
### Manner of Refund

Please make refund by:

X Crediting Deposit Account No. 50/1039  
\_\_\_ Refunding overpayment.

Respectfully submitted,

Date: January 11, 2002

  
\_\_\_\_\_  
Stephen B. Heller  
Registration No: 30,181

COOK, ALEX, McFARRON, MANZO,  
CUMMINGS & MEHLER, LTD.  
200 West Adams Street, Suite 2850  
Chicago, Illinois 60606  
(312) 236-8500